

Women/Maternal Health

State Action Plan Table (Virginia) - Women/Maternal Health - Entry 1

Priority Need

Oral Health: Increase access to oral health services for pregnant women and children.

NPM

NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy

Objectives

By June 30, 2020, increase the percent of women who had a dental visit during pregnancy from 46.5% (PRAMS 2015) to 51.9%.

Strategies

Integrate targeted adolescent oral health messaging into existing MCH-focused dental education programs to improve oral health for individuals across the lifespan.

Continue to foster a network of 6 regional Oral Health Alliances to conduct regional needs assessments and implement systems change and data-sharing initiatives to improve the oral health of all Virginians, with emphasis on pregnant women, and children and adolescents aged 1-17.

Convene statewide groups focused on targeted oral health issues and facilitate collaboration and work plan development, and provide leadership and oversight to guide initiatives.

ESMs

Status

ESM 13.1.1 - Number of Regional Oral Health Collaborative Projects that implemented work plans to increase dental visits among pregnant women

Active

NOMs

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Virginia) - Women/Maternal Health - Entry 2

Priority Need

Women's/Maternal Health: Support the physical and emotional well-being of women and their children.

Objectives

By June 30, 2020, reduce the rate of unintended pregnancies for all women of child-bearing age (ages 15-44) from 49.5% (PRAMS 2016) to 47%.

Strategies

Increase capacity of youth-serving agencies to implement Aim 4 Teen Moms (AIM4TM), an evidence-based pregnancy prevention program designed for parenting teens.

Work with community stakeholders to remove policy, financial, and training barriers to LARC utilization.

State Action Plan Table (Virginia) - Women/Maternal Health - Entry 3

Priority Need

Women's/Maternal Health: Support the physical and emotional well-being of women and their children.

Objectives

1. Eliminate the racial and ethnic disparities in Virginia's maternal mortality rates. 2. By December 2025, decrease the disparity in black-white maternal mortality disparity ratio from 2.1 (2017) to 1.23 (2025).

Strategies

Develop and mobilize strong interagency, multisector, and community partnerships to address disparities in maternal and infant mortality rates.

Perinatal/Infant Health

State Action Plan Table (Virginia) - Perinatal/Infant Health - Entry 1

Priority Need

Safe Sleep: Increase safe sleep practices for infants.

NPM

NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Objectives

By June 30, 2020, increase (a) the percent of infants placed to sleep on their backs from 78% (PRAMS 2015) to 84% and (b) the percent of infants placed to sleep on a separate approved sleep surface from 59.9% (PRAMS 2015) to 62.9%.

Strategies

Provide staff support and technical assistance to 24 LHDs to promote safe sleep practices.

Provide staff support and training to home visitors on promotion of safe sleep practices.

Develop strong interagency, multisector, and community partnerships to inform strategic planning for addressing emerging issues impacting pregnant women and individuals parenting infants.

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table (Virginia) - Perinatal/Infant Health - Entry 2

Priority Need

Women's/Maternal Health: Support the physical and emotional well-being of women and their children.

Objectives

1. Eliminate the racial and ethnic disparities in Virginia's infant mortality rates. 2. By December 2025, decrease the disparity in black-white infant mortality disparity ratio from 2.2 (2017) to 1.24 (2025).

Strategies

Develop and mobilize strong interagency, multisector, and community partnerships to address disparities in maternal and infant mortality rates.

Child Health

State Action Plan Table (Virginia) - Child Health - Entry 1

Priority Need

Oral Health: Increase access to oral health services for pregnant women and children.

NPM

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Objectives

By June 30, 2020, increase the percent of children (ages 1 through 11) who had a preventive dental visit in the past year from 77.8% (National Survey of Children's Health (NSCH) – NONCSHCN 2016) to 81.7%.

Strategies

Continue to provide up to five health districts with direct service provider oral health trainings and dental provider trainings regarding ISHCN and very young children (a total of 10 trainings) and update the VDH online provider directory for dentists willing to treat individuals with special health care needs (ISHCN).

Integrate targeted adolescent oral health messaging into existing MCH-focused dental education programs to improve oral health for individuals across the lifespan.

Continue to foster a network of 6 regional Oral Health Alliances to conduct regional needs assessments and implement systems change and data-sharing initiatives to improve the oral health of all Virginians, with emphasis on pregnant women, and children and adolescents aged 1-17.

Convene statewide groups focused on targeted oral health issues and facilitate collaboration and work plan development, and provide leadership and oversight to guide initiatives.

ESMs

Status

ESM 13.2.1 - Number of Regional Oral Health Collaborative Projects that implemented work plans to increase dental visits among children (ages 0-11 years) and adolescents (ages 12-17 years)

Active

NOMs

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Virginia) - Child Health - Entry 2

Priority Need

Child/Adolescent Injury: Reduce injuries, violence, and suicide among Title V populations.

NPM

NPM 7.1 - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Objectives

By June 30, 2020, decrease the rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 from 101.5 (HCUP - State Inpatient Databases (SID) 2015) to 90.7.

Strategies

Provide an injury prevention curriculum to maternity hospitals.

Eliminate financial barriers to safety devices by equipping income-eligible families with child safety seats through the Low Income Safety Seat Distribution and Education Program.

Equip healthcare providers with primary prevention skills for reducing Neonatal Abstinence Syndrome through the evidence-based model Project ECHO®.

ESMs

Status

ESM 7.1.1 - Number of maternity centers disseminated Virginia's injury prevention curriculum

Inactive

ESM 7.1.2 - Number of child safety seats disseminated through the LISSDEP network

Active

ESM 7.1.3 - Percentage of stakeholders that disseminated Virginia's injury prevention curriculum with fidelity

Active

NOMs

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

State Action Plan Table (Virginia) - Child Health - Entry 3

Priority Need

Early and Continuous Screening: Support optimal physical, mental health and social emotional development for all children.

NPM

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Objectives

By June 30, 2020, increase the percent of children (ages 10-71 months) receiving a developmental screening using a parent-completed screening tool from 26.8% (NSCH 2016) to 28.1%.

Strategies

Through early childhood partnerships, support ongoing work force development through training, technical assistance, professional development and education with evidence-based tools for LHDs and their community partners.

Provide messages for families and the community about the importance of ongoing screening, monitoring, referral and follow-up of child development using social media.

Strengthen the continuum of child health care infrastructure for screening, assessment, referral, and follow-up for developmental screening.

Develop a strategic developmental screening work plan with community stakeholders, in each of the six hubs, to build a continuum of developmental and behavioral care to reduce barriers and gaps and promote equity for all young children and their families.

ESMs

Status

ESM 6.1 - Number of LHDs, community partners, and providers receiving developmental screening resources, training, or TA

Active

NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Adolescent Health

State Action Plan Table (Virginia) - Adolescent Health - Entry 1

Priority Need

Oral Health: Increase access to oral health services for pregnant women and children.

NPM

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Objectives

By June 30, 2020, increase the percent of children (ages 12 through 17) who had a preventive dental visit in the past year from 90.9% (National Survey of Children's Health (NSCH) – NONCSHCN 2016) to 95.5%.

Strategies

Integrate targeted adolescent oral health messaging into existing MCH-focused dental education programs to improve oral health for individuals across the lifespan.

Continue to foster a network of 6 regional Oral Health Alliances to conduct regional needs assessments and implement systems change and data-sharing initiatives to improve the oral health of all Virginians, with emphasis on pregnant women, and children and adolescents aged 1-17.

Convene statewide groups focused on targeted oral health issues and facilitate collaboration and work plan development, and provide leadership and oversight to guide initiatives.

ESMs

Status

ESM 13.2.1 - Number of Regional Oral Health Collaborative Projects that implemented work plans to increase dental visits among children (ages 0-11 years) and adolescents (ages 12-17 years)

Active

NOMs

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Virginia) - Adolescent Health - Entry 2

Priority Need

Child/Adolescent Injury: Reduce injuries, violence, and suicide among Title V populations.

NPM

NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Objectives

By June 30, 2020, decrease the rate of hospitalization for non-fatal injury per 100,000 children ages 10 to 19 from 172.4 to 171.1 (SID-Adolescent).

Strategies

Provide suicide prevention trainings to professionals interacting with youth and adolescents.

ESMs

Status

ESM 7.2.1 - Number of gatekeepers trained in the prevention of suicide among youth

Active

NOMs

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

State Action Plan Table (Virginia) - Adolescent Health - Entry 3

Priority Need

Women's/Maternal Health: Support the physical and emotional well-being of women and their children.

Objectives

By June 30, 2020, reduce the rate of unintended pregnancies for all women of child-bearing age (ages 15-44) from 49.5% (PRAMS 2016) to 47%.

Strategies

Fund the implementation of evidence-based comprehensive sexual education in areas of the state with disproportionately high rates of teen pregnancy and low access to sexual health information.

Fund BrdsNBz, a free sexual health informational text line for teens operated by the American Sexual Health Association, statewide in Virginia.

Increase capacity of youth serving agencies to implement AIM 4 Teen Moms (AIM4TM), an evidence-based pregnancy prevention programs designed for parenting teens.

Work with community stakeholders to remove policy, financial, and training barriers to LARC utilization.

Children with Special Health Care Needs

State Action Plan Table (Virginia) - Children with Special Health Care Needs - Entry 1

Priority Need

Medical Home: Promote the importance of medical home among providers and families.

NPM

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Objectives

By June 30, 2020, increase the percentage of typical and children with special health care needs served by the VDH CYSHCN Program who can identify a primary care provider as a medical home from 89.2% to 91.5%.

Strategies

Partner with VA Chapter of the American Academy of Pediatrics (AAP), community partners, and Virginia's CYSHCN centers (i.e. CCC centers, CDCs, VBDP sites, Sickle Cell Program sites) to develop a training module for health care providers and families to educate on a comprehensive care approach to provide a medical home for children (including those with special health care needs) as a component of the emerging Virginia Medical Neighborhood model.

Assure children with special health care needs receive coordinated, ongoing, comprehensive care within a medical home (CYSHCN National Standard: Medical Home).

Through the CYSHCN network, facilitate access to comprehensive medical and support services that are collaborative, family-centered, culturally-competent, fiscally-responsible, community-based, coordinated and outcome-oriented to CYSHCN and their families (CYSHCN National Standard: Easy to Use Services and Supports / Care Coordination).

Assure families of children with special health care needs will have adequate private or public insurance or both to pay for the services they need (CYSHCN National Standard: Insurance & Financing).

Assure families of children with special health care needs partner in decision making at all levels and are satisfied with the services they receive (CYSHCN National Standard: Family Professional Partnerships / Cultural Competence).

ESMs

Status

ESM 11.1 - Number of providers in Virginia who have completed the medical home training module

Active

ESM 11.2 - Percentage of children served by the VA CYSHCN Program who report having a medical home

Active

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

State Action Plan Table (Virginia) - Children with Special Health Care Needs - Entry 2

Priority Need

Transition: Promote independence and transition of young adults with and without special healthcare needs.

NPM

NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care

Objectives

By June 30, 2020, increase the proportion of children with and without special health care needs in Virginia who are engaged in transition services to adult health care from 44.9% (NSCH-CYSHCN 2010) to 47.1%.

Strategies

Collaborate with VA-AAP, community partners, and Virginia's regional CYSHCN centers (i.e. Care Coordination for Children centers, Child Development Centers, Virginia Bleeding Disorders Program sites, Sickle Cell Program sites) to develop training modules for health care providers, school personnel, families, and adolescents to educate on best practices regarding the delivery of transition services, the provision of transition tools, the importance of the transition process, and self-advocacy, to achieve optimal health.

Assure youth with special health care needs receive the services necessary to make transitions to all aspects of adult life (including adult health care, work, and independence) through referrals to adult providers, utilizing transition tools when appropriate (CYSHCN National Standard: Transition to Adulthood).

Engage youth and families in program development and outreach for medical home and transition (Standard: Got Transition's Six Core Elements of Health Care Transition – Transition Completion & Youth and Family Engagement).

ESMs

Status

ESM 12.1 - Number of providers in Virginia who have completed the transition training module.

Active

ESM 12.2 - Percentage of Virginia school divisions reporting into the VDOE school health data system

Active

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Cross-Cutting/Systems Building

State Action Plan Table (Virginia) - Cross-Cutting/Systems Building - Entry 1

Priority Need

Family Engagement: Foster a culture of family/youth engagement and leadership.

Objectives

Support and document family engagement in 100% of CYSCHN programs (i.e. Care Connection for Children, Child Development Centers, Bleeding Disorders Program, Sickle Cell Program) annually.

Strategies

Assure families of children with special health care needs partner in decision making at all levels and are satisfied with the services they receive (CYSHCN National Standard: Family Professional Partnerships / Cultural Competence).

State Action Plan Table (Virginia) - Cross-Cutting/Systems Building - Entry 2

Priority Need

Family Engagement: Foster a culture of family/youth engagement and leadership.

Objectives

By June 30, 2020, amplify youth voice in Virginia's public health initiatives by hiring two Youth Advisors and funding regional youth advisory councils.

Strategies

Hire two part-time Youth Advisors to provide expertise, guidance and feedback on current and future public health initiatives.

Fund regional Youth Advisory Councils to implement public health initiatives within their communities.

Engage youth and families in program development and outreach for medical home and transition (Standard: Got Transition's Six Core Elements of Health Care Transition – Transition Completion & Youth and Family Engagement).

State Action Plan Table (Virginia) - Cross-Cutting/Systems Building - Entry 3

Priority Need

Early and Continuous Screening: Support optimal physical, mental health and social emotional development for all children.

Objectives

By June 30, 2020, increase the percentage of infants with confirmed hearing loss who are enrolled in Early Intervention (EI) services by six months of age, from 57% (2017) to 60%.

Strategies

Coordinate and partner with Virginia's Part C program to ensure timely referral of newborns and infants into EI services.

Coordinate and partner with external stakeholders to increase the percentage of birthing facilities that report CCHD information into the current information system (IS) from 65% (2018 baseline) to 75% by September 2020.

Partner with internal agency teams to identify needs, gaps and future direction of the current birth defects surveillance system.